## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

BASIC FEE EXAMINAT SEARCH I FEE FOR E TOTAL CH INDEPEND INTERIOR II the dil	E FEE EXTRA S ARGEAE DENT CL DEPENI	PEC. PGS.  ILE CLAIMS  AIMS  DENT CLAIM PRI  in column 1 is i	SMALL ENT. Salisfies PCT A (1) = \$ 50 U.S. is ISA = 1 ALL other cor \$ 200 / \$ min	= \$ 150 wride 33(1)- 1/5 100 s 50/5 100 untries = 400 inus 100 =	LARGI All oth \$ : All oth \$ :	E ENT. = \$ 300 er situations = 100 / \$ 200 er situations = 250 / \$ 500		SMALL ENT TYPE  RATE  BASIC FEE  EXAM FEE  SEARCH FEE	FEE 15000	OR	OTHER SMALL E RATE BASIC FEE EXAM FEE SEARCH FEE	
BASIC FEE EXAMINAT SEARCH I FEE FOR E TOTAL CH INDEPEND INTERIOR II the dil	E FEE EXTRA S ARGEAE DENT CL DEPENI	E PEC. PGS. ILE CLAIMS AIMS DENT CLAIM PRI	Salisfies PCT A  (4) = 1 50  U.S. is ISA = 1  ALL other cor 1 200 / 3  min	vrlide 33(1)- 1/\$ 100 \$ 50/\$ 100 untries = 3 400 us 100 =	All oth	er situations = 100 / \$ 200 er situations = 250 / \$ 500		BASIC FEE EXAM FEE	150°°	OR	BASIC FEE	FEE
EXAMINATE SEARCH I	FEE  EXTRA S  ARGEAE  DENT CL  DEPENI	PEC. PGS.  ILE CLAIMS  AIMS  DENT CLAIM PRI  in column 1 is i	Salisfies PCT A  (4) = 1 50  U.S. is ISA = 1  ALL other cor 1 200 / 3  min	vrlide 33(1)- 1/\$ 100 \$ 50/\$ 100 untries = 3 400 us 100 =	All oth	er situations = 100 / \$ 200 er situations = 250 / \$ 500		EXAM, FEE	10000	OR	EXAM. FEE	·
SEARCH I FEE FOR E TOTAL CH INDEPEND INTERIOR II  If the diff If the diff Independ I	EXTRA S ARGEAE DENT CL DEPENI	PEC. PGS.  ILE CLAIMS  AIMS  DENT CLAIM PRI  in column 1 is i	(4) = \$ 50 U.S. is ISA = 1 ALL other co \$ 200/\$ min	1/\$ 100 \$ 50/\$ 100 untries = \$ 400 us 100 =	Ali oth	1 <u>0</u> 0 / \$ 200 er situations = 250 / \$ 500			10000	·		
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WENDMENT A TOTAL	DEPENI	AIMS DENT CLAIM PRI in column 1 is i	2 1		•		1	X \$ 125 =			X \$ 250 =	
WENDWENT A MENOMENT A	DEPENI flerence	DENT CLAIM PRI	<u> </u>	ninus 3 =		1 2 minus 20 = .				OR	X \$ 50 =	
WENDWENT A AMENDMENT A LOCAL LINE OF THE LOCAL L	fference	in column 1 is	ESENT	2 minus 3 = .				X \$ 100 =		OR	X \$ 200 =	
AMENDMENT A STATE OF THE STATE			SENT					+ \$ 180 =		OR	+ \$ 360 =	
Total Indepe	Sp		If the difference in column 1 is less than zero, enter "0" in column 2						4509	OR	TOTAL	
	· .	(Column 1) CLAIMS REMAINING AFTER	AMENDED	(Colum	EST BER OUSLY	(Column 3) PRESENT EXTRA		SMALL E	ADDI- TIONAL FEE	OR-	OTHER SMALL E RATE	
	<u>_</u>	· 12	Minus	1.0		= 1	1	X \$ 25 =		OR	X \$ 50 =	•
	endent	. 2	Minus	12	3 ~ .	- 4		X \$ 100 =		OR	X \$ 200 =	
٠.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	·-+ <b>\$</b> 360 = ·	. :
							•	TOTAL ADDIT.		ÓR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Cölumn 3)			-			
8		CLAIMS REMAINING AFTER AMENOMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		•	Minus	. **		= .	}	X \$ 25 =		OR	X \$ 50 =	p.
Total Indepe	endent	•	Minus	*** .	1	= .	]	X \$ 100 =		OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+\$ 180,=		OR	+ \$ 360 =	
1						·	•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
•	•		· · .	• .			•		•			
** If the "H	ntov in onle	mn 1 is less than the mber Previously Pal		PACE Is less	s than 70 s than 7	', enler "20".		,		•		